

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12780

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 40

1. PLACE OF DEATH a. COUNTRY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). --a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	c. LENGTH OF STAY (In this place) 9 Mos.	c. CITY OR TOWN Caruthersville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 E. 18th. Street		f. STREET ADDRESS (If rural, give location) 209 E. 18th. Street 07820.	

3. NAME OF DECEASED (Type or Print) Harvey	a. (First) Harvey	b. (Middle) W.	c. (Last) Ashford	4. DATE OF DEATH (Month) (Day) (Year) April 20, 1955
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 2, 1877	9. AGE (In years last birthday) 78	10' UNDER 1 YEAR Months Days	11' UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Retired	10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office Luray, Kansas	11. BIRTHPLACE (City and State or Foreign Country) /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME E.G. Ashford	13b. MOTHER'S MAIDEN NAME Florencia Cornell	14. NAME OF HUSBAND OR WIFE Estella A. Peerman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stanley Bush Caruthersville, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/10, 1954, to 11/17, 1954, that I last saw the deceased alive on 11/17/54, 1954, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE Warren P. McCoy M.D.	(Degree or title) M.D.	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 4-25-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Georgetown Cem.	24d. LOCATION (City, town, or county) (State) Georgetown, Kentucky
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DATE REC'D BY LOCAL REG. 4-25-1955	REGISTRAR'S SIGNATURE Irene B. Welke 1247	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith Funeral Home C'ville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

782

4-138-55

APR 25 1955

APR 28 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
GARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. Denver Pike*

Licensed Embalmer No. *4484*

P. O. Address *Garuthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.